HEDEIVED CENTRAL FAX CENTRE

T-229 P.01

JAN 1 B 2007

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#### FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop RCE

Name:

Amedeo F. Ferraro

Group Art Unit 3621/Examiner Calvin Hewitt, II

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Fax No.: 571-273-8300

No. of Pages (including this): 20

Subject: U.S. Patent Application No. 09/922,651

Date:

January 16, 2007

Kevin P. Headings et al. Filed: August 7, 2001

SYSTEMS AND METHODS FOR DELIVERING

MEDIA CONTENT

Attorney Docket No. 108.0010-00000

Customer No. 22882 Confirmation No.: 9189 Confirmation Copy to Follow: NO

#### Message:

### CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,810.00 total amount to cover the \$1,020 three-month extension fee and \$790 RCE fee is to be charged to Deposit Account No. 50-1068), Request for Continued Examination (RCE) (in duplicate), and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on January 16, 2007.

David M. Kogan

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### MECRIVED CENTRAL FAX CENTER

**FORM PTO-1083** 

Attorney Docket No.: 108.0010-00000

Customer No. 22882

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

)

In re Application of:	)	Confirmation No.: 9189
Kevin P. Headings. et al.	)	- A . I I . W. 0004
Serial No.: 09/922,651	)	Group Art Unit: 3621
Filed: August 7, 2001	)	Examiner: Calvin Hewitt, I
For SYSTEMS AND METHODS FOR DELIVERING	)	

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

MEDIA CONTENT

Dear Sir:

Transmitted herewith is a Request for Continued Examination (RCE) and Amendment in reply to the Office Action dated July 13, 2006 in the above-identified application.

No additional fee is required.

Applicant hereby requests a three-month extension of time to respond to the above office action.  $\boxtimes$ 

The fee has been calculated as shown below:

	(Col. 1)  CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Cd. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	59	1.	59	*	0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	4	-	. 4	***	0	LG=\$200 SM=\$100	\$200	3	٥
	N OF MULTIPLE DEPENDENT	CLAII	AS.		LAR( SMA	E ENTITY FEE	= \$360 = \$180	\$	0
		-					TOTAL	S	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A total amount of \$1,810.00 to cover \$1,020 three-month extension fee and \$790 RCE fee is to be 図 charged to Deposit Account No. 50-1068.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this 図 communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
  - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
  - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: January 16, 2007

Registration No. 37,129

1557 Lake O'Pines Street, NE Hartville, Ohio 44632 Telephone: (330) 877-0700 Facsimile: (330) 877-2030

**FORM PTO-1083** 

Attorney Docket No.: 108.0010-00000

Customer No. 22882

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Confirmation No.: 9189	RECEIVED CENTRAL FAX CENTER
Kevin P. Headings. et al.  Serial No.: 09/922,651  Filed: August 7, 2001  For SYSTEMS AND METHODS FOR DELIVERING	Group Art Unit: 3621 Examiner: Calvin Hewitt, II	JAN 1 6 2007

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADO'L FEE DUE	
TOTAL CLAIMS FEE	69	1-1	59	-	0	LG=\$50 SM=\$25	\$50	\$	٥
INDEPENDENT	4	1.	4	***	0	LG=\$200 - 5	\$200	\$	0
CLAIMS FEE LARGE ENTITY FEE = \$360 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS SMALL ENTITY FEE = \$180						55	0		
						T	OTAL	\$	0

If the entry In Cot. 1 is less than the entry in Cot. 2, write "0" in Cot. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "20" in this space. The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "21 in this space. The "Highest Number of Claims only paid For" IN THIS SPACE is less than 3, write "21 in this space." Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A total amount of \$1,810.00 to cover \$1,020 three-month extension fee and \$790 RCE fee is to be 図 charged to Deposit Account No. 50-1068.
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